

## **Coordination of Benefits & Recovery Overview What's New Archive**

### **July 8, 2021 – Updated Group Health Plan (GHP) Valid Defense Instructions Available**

The GHP Valid Defenses Instruction Document has been updated and is now available in the Download section of the Group Health Plan Recovery page.

### **July 7, 2021 – Updated GHP Correspondence Cover Sheet Available**

An updated GHP Correspondence Cover Sheet is now available in the Download section of the Group Health Plan Recovery page. Please remember to use this cover sheet when sending GHP recovery related correspondence to the Commercial Repayment Center (CRC).

### **April 29, 2021 – Commercial Repayment Center Portal (CRCP) High-Level Overview Webinar Presentation Now Available**

The presentation from the CRCP High-Level Overview Webinar held on April 21, 2021 is now available in the Downloads section below.

### **April 20, 2021 – CMS to Host Benefits Coordination & Recovery Center (BCRC) and Commercial Repayment Center (CRC) Group Health Plan (GHP) Town Hall**

CMS will be hosting a BCRC and CRC GHP Town Hall on May 19, 2021. Complete information is available in the announcement in the Downloads section below.

### **March 23, 2021 – New “Go Paperless” Feature Coming to the Commercial Repayment Center Portal (CRCP)**

Effective April 5<sup>th</sup> a new “Go Paperless” feature is being added to the CRCP. This new feature allows the Account Manager to opt into a paperless setting for the account. When the decision is made to opt-in to the paperless functionality, all correspondence will be viewed on the CRCP. Hard copy letters will no longer be mailed. This option will not only reduce the amount of paper that your organization needs to handle, but it also eliminates concerns about delays in receipt that arise when the information is mailed to you.

Using this new feature will allow the Account Manager, Account Designees, and any additional individuals listed by the Account Manager to be notified by e-mail that there is new correspondence available to view in the CRCP. Please note that those wishing to view the letters in the CRCP must be logged in using multi-factor authentication. Additional details on the new “Go Paperless” functionality will be available in the April update of the CRCP User Guide.

### **March 23, 2021 – CMS to Host Webinar to Highlight Benefits and Features of the Commercial Repayment Center Portal (CRCP)**

CMS will be hosting a webinar to highlight the benefits and features of the CRCP on April 21, 2021. Full webinar details can be found in the webinar announcement located in the Downloads section below.

**February 25, 2021 – CMS to Host Benefits Coordination & Recovery Center (BCRC) and Commercial Repayment Center (CRC) Non-Group Health Plan (NGHP) Town Hall**

CMS will be hosting a BCRC and CRC NGHP Town Hall on April 1, 2021. Complete information is available in the town hall announcement in the Downloads section below.

**January 20, 2021 – Updated Group Health Plan (GHP) Valid Defense Instructions Now Available**

An updated GHP Valid Defense Instructions document has been posted to the Download section of the Group Health Plan Recovery page.

**December 29, 2020 – New Group Health Plan (GHP) Correspondence Cover Sheet Now Available**

A new Group Health Plan Correspondence Cover Sheet is available for use in the Download section of the Group Health Plan Recovery page. This cover sheet should be used when sending GHP recovery related correspondence to the Commercial Repayment Center (CRC).

**December 11, 2020 – CMS to Host Medicare Secondary Payer (MSP) Group Health Plan (GHP) Defense Webinar**

CMS will be hosting a MSP GHP Defense webinar on January 14, 2021. Complete webinar information is available in the announcement in the Downloads section below.

**December 1, 2020 – Coming Soon: Multi-factor Authentication (MFA) on the Commercial Repayment Center Portal (CRCP).**

The Centers for Medicare & Medicaid Services (CMS) will be implementing optional MFA services on the CRCP. CMS has adopted Identity Proofing and MFA to provide users with the ability to view unmasked case information. The ID Proofing process requires that you provide information to CMS sufficient to prove that you are the person you claim to be. This process works in conjunction with MFA Services, which uses two or more different authentication factors to verify a user's identity.

Once you complete the process, you can choose whether to use an MFA Credential ID to view previously masked case information on your accounts when you log in to the CRCP. Verified users will also have the ability to:

View letters

Print letters

MFA access will be granted when you:

Successfully complete the ID Proofing process,

Activate at least one Credential ID through the CRCP (text or voice call).

Please note that MFA and the associated ID Proofing process will be optional for CRCP users. If users wish to use the CRCP without going through the MFA process, they may do so but will not have the benefit of viewing letters or unmasked data.

MFA is scheduled to be available beginning on January 11, 2021. Once available, users may start the MFA process from the CRCP home page, by clicking the “Next Step: Getting Started” link displayed in the new Multi-Factor Authentication box.

Updated user guides and training materials will be available on this website and within the CRCP upon implementation.

If you are not yet a registered user of the CRCP and would like to register you may do so at <https://www.cob.cms.hhs.gov/CRCP/>. Select “I Accept” on the Login Warning page and then click Step 1 “PIN Request” at the bottom of the portal home screen to begin the process.

### **November 25, 2020**

An Alert titled 2021 Recovery Thresholds for Certain Liability Insurance, No-Fault Insurance, and Workers’ Compensation Settlements, Judgments, Awards or Other Payments has been added to the Downloads section of the Non-Group Health Plan Recovery page.

### **November 17, 2020 – CMS to Host Benefits Coordination & Recover Center Non-Group Health Plan Beneficiary Recovery Process Webinar**

CMS will be hosting a Benefits Coordination & Recover Center Non-Group Health Plan Beneficiary Recovery Process webinar on December 9, 2020. Complete webinar information is available in the announcement in the Downloads section of the Attorney Services What’s New page.

### **August 12, 2020 – CMS to Host Commercial Repayment Center Non-Group Health Plan Applicable Plan Recovery Appeals Webinar**

CMS will be hosting a Commercial Repayment Center Non-Group Health Plan Applicable Plan Recovery Appeals webinar on September 24, 2020. Complete webinar information is available in the Downloads section below.

**June 1, 2020 – Addition of New View and Print Functionality for Correspondence on the Medicare Secondary Payer Recovery Portal (MSPRP)**

On July 13, 2020, the MSPRP is scheduled to be enhanced to allow authorized users to view and print correspondence via new functionality.

MSPRP users who log in using Multi Factor Authentication will be able to view and print CMS mailed correspondence that is displayed on the Letter Activity tab. Additional information on how to use this new functionality will be available in Section 14.1.1.4 of the July version of the MSPRP User Guide.

**February 26, 2020 – Commercial Repayment Center (CRC) Non-Group Health Plan and Group Health Plan Recovery Town Hall Questions and Answers Documents Now Available**

New documents titled Commercial Repayment Center (CRC) Non-Group Health Plan (NGHP) Recovery Town Hall Questions and Answers and Commercial Repayment Center (CRC) Group Health Plan (GHP) Recovery Town Hall Questions and Answers are now available in the Downloads section below.

**January 17, 2020 – The Presentations From the January 14, 2020 Commercial Repayment Center (CRC) Non-Group Health Plan (NGHP) and Group Health Plan (GHP) Town Halls are Now Available.**

The presentations from the CRC NGHP and GHP Town Halls, held on January 14, 2020, are now available in the Downloads section below.

**December 5, 2019 – CMS to Host Two Town Hall Meetings to Discuss Common Commercial Repayment Center (CRC) Non-Group Health Plan (NGHP) Ongoing Responsibility for Medicals (ORM) and Group Health Plan (GHP) Recovery Topics**

CMS will be hosting two town hall meetings to discuss common CRC NGHP ORM and GHP recovery topics. The first town hall, to be held on January 14, 2020 at 1:00 PM EST will focus on CRC NGHP ORM recovery topics. The second town hall, to be held on January 14, 2020, at 3:00 PM EST will focus on CRC GHP recovery topics. Complete details for the two town halls are available in the Downloads section below.

## **November 27, 2019**

An Alert titled 2020 Recovery Thresholds for Certain Liability Insurance, No-Fault Insurance, and Workers' Compensation Settlements, Judgments, Awards or Other Payments has been posted to the downloads section of the [Non-Group Health Plan Recovery](#) page.

## **October 1, 2019 – Addition of Open Debt Report Function to the Medicare Secondary Payer Recovery Portal (MSPRP) Announcement**

On October 7, 2019, the MSPRP will be enhanced to allow the creation of an Open Debt Report for insurer debtor cases. This enhancement will allow MSPRP Account Managers to run an on-request report, showing all their Non-Group Health Plan debts as of the date and time the report was generated. Account Managers will be able to access the report by selecting the “Open Debt Report” option on their MSPRP Welcome! page. Additional information and instructions to create the Open Debt Report will be available in the October version of the MSPRP User Guide.

## **April 3, 2019 – Electronic Payments Frequently Asked Questions and Answers Document Now Available**

A new document, titled Electronic Payments on the Medicare Secondary Payer Recovery Portal (MSPRP) and Commercial Repayment Center Portal (CRCP) Frequently Asked Questions and Answers, is now available in the Downloads section below.

## **March 22, 2019 – Medicare Secondary Payer Portal (MSPRP) and Commercial Repayment Center Portal (CRCP) Electronic Payment Enhancements High Level Overview Webinar Presentation are Now Available**

The March 13, 2019 MSPRP and the March 14, 2019 CRCP E-Payment Enhancement Overview Webinar presentations are now available in the Downloads section below.

## **February 26, 2019 – Webinars for Upcoming Enhancements to the Medicare Secondary Payment Recovery Portal (MSPRP) and Commercial Repayment Center Portal (CRCP)**

Effective April 1, 2019, electronic payment functionality will be added to both the MSPRP and the CRCP. CMS will be hosting two webinars, on March 13, 2019 for MSPRP users and on March 14, 2019 for CRCP users, to provide additional information on this enhancement. Complete webinar information is available in the announcements posted to the Downloads section below.

## **February 12, 2019 – Important Reminder Regarding Health Insurance Claim Number (HICN)/Social Security Number (SSN) Masking on all Coordination of Benefits and Recovery (COB&R) Outgoing Letters as of April 2019**

This notice serves as a reminder that in accordance with the SSN Fraud Prevention Act of 2017, the COB&R program will mask the SSN and SSN-portion of the HICN, on all outgoing letters as of April 1, 2019.

The first five digits of the SSN will be masked with asterisks (e.g., \*\*\*\*\*1234A). All outgoing hardcopy and electronic letters will be included in this change. Note that the Medicare Beneficiary Identifier, which is not SSN-based, will not be impacted by this change and will continue to appear in full.

### **December 31, 2018 – Medicare Secondary Payer (MSPRP) Enhancements High Level Overview Webinar Presentation is Now Available**

The December 18, 2018 MSPRP Enhancements High Level Overview Webinar presentation is now available in the Downloads section below.

### **November 19, 2018 – Webinar for Upcoming Enhancements to the Medicare Secondary Payment Recovery Portal (MSPRP)**

Effective January 7, 2019, new functionality will be added to the MSPRP that will allow authorized users to self-report, Non-Group Health Plan (NGHP) Medicare Secondary Payer (MSP) leads. CMS will host a webinar on December 18, 2018 to provide additional information on this enhancement. Complete webinar information is posted in the Downloads section below.

### **November 15, 2018**

An Alert titled 2019 Recovery Thresholds for Certain Liability Insurance, No-Fault Insurance, and Workers' Compensation Settlements, Judgments, Awards or Other Payments has been posted to the downloads section of the Non-Group Health Plan Recovery page

### **October 20, 2018 - HICN/SSN Masking on all COB&R Outgoing Letters as of April 2019**

In accordance with the Social Security Number (SSN) Fraud Prevention Act of 2017, the Coordination of Benefits and Recovery (COB&R) program will mask the SSN and SSN-portion of the Health Insurance Claim Number (HICN), on all outgoing letters as of April 2019.

The first five digits of the SSN will be masked with asterisks (e.g., \*\*\*\*\*1234A). All outgoing hardcopy and electronic letters will be included in this change. Note that the Medicare Beneficiary Identifier (MBI), which is not SSN-based, will not be impacted by this change and will continue to appear in full.

### **September 26, 2018 – Commercial Repayment Center Portal (CRCP) Overview Presentation Now Available**

The September 19, 2018 CRCP Overview Webinar presentation is now available in the Downloads section below. As a reminder, you may still submit questions to us concerning the

current functionality of the CRCP, or recommendations for future CRCP enhancements. Submissions may be made to COBR-GHP- Comments@cms.hhs.gov until October 5th.

### **September 5, 2018 – Commercial Repayment Center Portal (CRCP) Overview Webinar Scheduled for September 19, 2018**

CMS will be hosting a webinar to present the benefits of using the CRCP. The webinar will be held September 19, 2018. The notice for the webinar is available in the Downloads section below and includes all webinar information.

### **August 21, 2018 – Medicare Secondary Payer (MSPRP) Overview Webinar Now Available**

The August 16, 2018 MSPRP Overview Webinar presentation is now available in the Downloads section below. As a reminder, you may still submit questions to us concerning the current functionality of the MSPRP, or recommendations for future MSPRP enhancements. Submissions may be made to COBR-NGHP- Comments@cms.hhs.gov until August 24th.

### **July 31, 2018 – New Medicare Secondary Payer Portal (MSPRP) Features CMS has made improvements to the MSPRP to include the following features: Ability to view incoming/outgoing correspondence status**

Users may now view the status of their incoming and outgoing correspondence on the new Letter Activity tab of the Case Information page.

Ability to request Electronic Conditional Payment Letters (e-CPL) is now available to insurers and their representatives Insurer and authorized representatives who login using Multi-Factor Authentication (MFA) are now able to request an e-CPL.

For additional information on these new features please see the MSPRP User Guide and refer to Chapter 1 for a summary of changes.

### **July 30, 2018 – Medicare Secondary Payer Portal (MSPRP) Overview Webinar Scheduled for August 16, 2018**

CMS will be hosting a webinar to present the benefits of using the MSPRP, this will include newly available features. The webinar will be held August 16, 2018. The notice for the webinar is available in the Downloads section below and includes all webinar information.

### **March 19, 2018 – Workers' Compensation Review Contractor (WCRC) Transition Webinar Presentation Now Available**

The presentation from the Workers' Compensation Review Contractor (WCRC) Transition Webinar held on March 7th are now available in the Downloads section below. Please note the correct fax number for the WCRC is 585-869-3342, effective Monday March 19th.

### **March 13, 2018 – Reminder Regarding the New Medicare Card Project**

The Medicare Access and CHIP (Children's Health Insurance Program) Reauthorization Act (MACRA) of 2015 requires CMS to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) as the identifier on all Medicare cards. CMS will begin sending new Medicare cards with the MBI to beneficiaries in April 2018.

As a reminder, the following User Guides were updated to reflect the change from HICN to the new MBI. Please refer to chapter 1 of the guides for a summary of the changes: Employer Voluntary Data Sharing Agreement User Guide, Non-Group Health Plan User Guide and Group Health Plan User Guide.

### **March 8, 2018 – New Report Titled The Medicare Secondary Payer Commercial Repayment Center in Fiscal Year 2017**

A new report titled Report to Congress, Computation of Annual Liability Insurance (Including Self- Insurance), No-Fault Insurance, and Workers' Compensation Settlement Recovery Threshold is now available in the Download section of the Reports page.

### **March 8, 2018 – New Report Titled The Medicare Secondary Payer Commercial Repayment Center in Fiscal Year 2017**

A new report titled The Medicare Secondary Payer Commercial Repayment Center in Fiscal Year 2017 is now available in the Download section of the Reports page.

### **March 1, 2018 – Workers' Compensation Review Contractor (WCRC) Transition Webinar Scheduled for March 7, 2018**

CMS will be presenting a webinar to introduce the new Workers' Compensation review contractor. The webinar will be held March 7, 2018. The notice for the webinar is available in the Downloads section below and includes all webinar information.

### **February 2, 2018 – Commercial Repayment Center (CRC) Contractor Transition Information**

To accommodate the transition to a new CRC contractor, CMS, will temporarily halt recovery activities on both Group Health Plan and Non-Group Health Plan cases at the close of business on Wednesday, February 7, 2018.

The CRC call center will still be available on February 7 and 8, 2018, to answer questions. Customer Service Representatives will only have access to case information processed as of the close of business Wednesday, February 7, 2018. Additionally, the Medicare Secondary Payment Recovery Portal (MSPRP) will remain available for CRC cases, but will be limited to inquiry functions and reflect case information processed as of close of business Wednesday, February 7, 2018. The Commercial Repayment Center Portal (CRCP) will not be available during this timeframe.

All recovery activities will resume on Monday, February 12, 2018 with the incoming CRC contractor, Performant Recovery.

### **January 25, 2018 – Commercial Repayment Center (CRC) Contractor Transition Webinars Presentations Now Available**

The presentations from the Commercial Repayment Center (CRC) Contractor Transition Webinars held on January 17th and 18th are now available in the Downloads section below.

### **January 5, 2018 – Commercial Repayment Center (CRC) Contractor Transition Webinars Scheduled for January 17th & 18th, 2018**

CMS will be presenting webinars to introduce the new CRC Contractor. Two webinars will be conducted, the GHP webinar will be held Wednesday, January 17th and the NGHP webinar on Thursday, January 18th.

Notices for the webinars are available in the Downloads section below and include all webinar information.

### **November 13, 2017**

An Alert titled 2018 Recovery Thresholds for Certain Liability Insurance, No-Fault Insurance, and Workers' Compensation Settlements, Judgments, Awards or Other Payments has been posted to the downloads section of the Non-Group Health Plan Recovery page.

### **October 10, 2017 – Transition of Commercial Repayment Center Contract**

The Centers for Medicare & Medicaid Services (CMS) has awarded the new Commercial Repayment Center (CRC) contract to Performant Recovery, Inc. for recovery activities for both Group Health and Non-Group Health Plans (that is, liability insurance (including self-insurance), no-fault insurance, and workers' compensation laws or plans) with Ongoing Responsibility for Medicals (ORM). These activities will be transitioned in a manner that preserves continuity and presents minimal disruption to the recovery process. CMS anticipates completion of the transition process by early January 2018. Please monitor this website for a notification of an upcoming Town hall meeting to introduce the new CRC contractor.

### **August 30, 2017 – New Report Titled The Medicare Secondary Payer Commercial Repayment Center in Fiscal Year 2016 - Report to Congress as Required by Section 1893(h) of the Social Security Act for FY 2016 is now available**

A new report titled The Medicare Secondary Payer Commercial Repayment Center in Fiscal Year 2016 is now available in the Download section of the Reports page.

### **May 25, 2017 – Computation of Annual Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation Settlement Recovery Threshold for 2017 is now available**

The Computation of Annual Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation Settlement Recovery Threshold for 2017 is now available in the Download section of the Reports page.

**March 6, 2017 – Social Security Number Removal Initiative (SSNRI) Special Open-Door Forum Presentations Now Available**

The presentations from the Special Open-Door Forum held on January 17, 2017 regarding the upcoming Social Security Removal Initiative (SSNRI) are now available in the Downloads section below.

**January 17, 2017**

A written transcript of the November 17, 2016 NGHP Town Hall Teleconference has been posted to the Downloads section below.

**January 2, 2017**

The notice for the Special Open Door Forum, regarding Social Security Number Removal Initiative (SSNRI) impacts upon Medicare Secondary Payer (MSP) stakeholders, is available in the Downloads section below.

**November 15, 2016**

An Alert titled 2017 Recovery Thresholds for Certain Liability Insurance, No-Fault Insurance, and Workers' Compensation Settlements, Judgments, Awards or Other Payments has been posted to the downloads section of the Non-Group Health Plan Recovery page.

**October 26, 2016 – Town Hall Teleconference Scheduled for November 17, 2016**

The notice for the Town Hall Teleconference scheduled for November 17, 2016 is available in the Downloads section below.

**October 17, 2016 – New Report Titled October 2016 – Computation of Annual Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation Settlement Recovery Threshold is now available**

A new report titled October 2016 - Computation of Annual Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation Settlement Recovery Threshold is now available in the Download section of the Reports page.

**June 8, 2016 – Consideration for Expansion of Medicare Set-Aside Arrangements (MSA)**

The Centers for Medicare and Medicaid Services (CMS) is considering expanding its voluntary Medicare Set-Aside Arrangements (MSA) amount review process to include the review of proposed liability insurance (including self-insurance) and no-fault insurance MSA amounts. CMS plans to work closely with the stakeholder community to identify how best to implement this potential expansion. CMS will provide future announcements of the proposal and expects to schedule town hall meetings later this year. Please continue to monitor this website for additional updates.

### **June 7, 2016 – Reminder Regarding the Discontinuation of the Initial Enrollment Questionnaire (IEQ)**

This announcement serves as a reminder that the Initial Enrollment Questionnaire (IEQ), which has been used to collect other health insurance information from newly eligible Medicare beneficiaries, is being discontinued. Individuals who received an IEQ request prior to January 1, 2016, may still complete their questionnaire via MyMedicare.gov until June 30, 2016. Medicare beneficiaries may continue to report other health insurance information by contacting the Benefits Coordination and Recovery Center (BCRC) directly at 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired).

### **May 23, 2016 – New Report Titled The Medicare Secondary Payer Commercial Repayment Center in Fiscal Year 2015 is now available**

A new report titled The Medicare Secondary Payer Commercial Repayment Center in Fiscal Year 2015 is now available in the Download section of the Reports page.

### **February 9, 2016 – Commercial Repayment Center Transition of a portion of the Non-Group Health Plan Recovery Workload Status**

In October 2015, the Centers for Medicare & Medicaid Services' (CMS) Commercial Repayment Center (CRC) assumed responsibility for the recovery of conditional payments where CMS is pursuing recovery directly from a liability insurer (including a self-insured entity), no-fault insurer or workers' compensation (WC) entity as the identified debtor. The CRC has issued more than 33,000 Conditional Payment Letters (CPLs) and Conditional Payment Notices (CPNs) since the transition. CMS is aware that many insurers and WC entities are awaiting CPLs, CPNs, or demand letters. CMS is actively engaged with the CRC to improve responsiveness to requests for conditional payment information and the handling of correspondence.

### **December 28, 2015 – Discontinuation of Initial Enrollment Questionnaire (IEQ)**

The Initial Enrollment Questionnaire (IEQ), which is used to collect other health insurance information from newly eligible Medicare beneficiaries, is being discontinued. As of January 1, 2016, requests for completion of an IEQ will no longer be included in Medicare's initial enrollment package. Individuals who received an IEQ request prior to January 1, 2016, should still complete their questionnaire via MyMedicare.gov.

### **December 24, 2015 – Changes to Medicare Claim Payments Where Ongoing Responsibility for Medicals (ORM) is Reported**

A new document titled Changes to Medicare Claim Payments Where Ongoing Responsibility for Medicals (ORM) is Report is available for review in the Downloads section below.

### **December 21, 2015 – Modification of the Medicare Secondary Payer Recovery Portal (MSPRP) for Inclusion of Final Conditional Payment (CP) Process Functionality**

As part of the Strengthening Medicare and Repaying Taxpayers Act of 2012 (the SMART Act), the MSPRP has been modified to include Final CP process functionality. This new functionality provides authorized MSPRP users with the option to notify CMS that a recovery case is 120 days (or less) from an anticipated settlement, ensure that relatedness disputes are addressed within 11 business days of receipt of dispute documentation, request a Final Conditional Payment Amount, and obtain a time and date stamped final conditional payment summary document before reaching settlement. Once the Final Conditional Payment has been calculated, this amount will not change as long as:

The case is settled within 3 business days of requesting the Final Conditional Payment Amount, and Settlement information is submitted through the MSPRP within 30 calendar days of requesting the Final Conditional Payment Amount.

A request for a Final Conditional Payment Amount can only be done once per case. If the case is not settled within 3 days and/or the settlement information is not submitted through the MSPRP within 30 calendar days, the Final CP process will be voided. At that time new claims may be added to the case and the CP amount will be modified accordingly. Also, any subsequent disputes will not be held to the 11 day resolution timeframes.

Responsibility for Medicals (ORM) exists. Once the Final CP process has been started on an insurer- debtor case, the following events will occur:

The insurer-debtor case will be closed and the debt will be transferred to a new case where the beneficiary is the identified debtor.

The insurer and their authorized representatives will not be able to work the new beneficiary-debtor case or receive copies of any recovery-related correspondence related to the new beneficiary-debtor case until they obtain and submit an authorization signed by the beneficiary.

### **November 9, 2015 – Upcoming Updates to the Medicare Secondary Payer Recovery Portal (MSPRP) Modification for Inclusion of Final Conditional Payment (CP) Process Functionality**

As part of the Strengthening Medicare and Repaying Taxpayers Act of 2012 (the SMART Act), the MSPRP will be modified to include Final CP process functionality by January 1, 2016. This new functionality will permit authorized MSPRP users to notify CMS that a recovery case is 120 days (or less) from an anticipated settlement and request that the recovery case be a part of the Final CP process.

When the Final CP process is requested, any disputes submitted through the MSPRP will be resolved within 11 business days of receipt of the dispute. Once all disputes have been resolved, and the case is within 3 days of settling, the beneficiary or their authorized representative will be able to request a Final Conditional Payment Amount on the MSPRP. Once calculated, this amount will remain the Final Conditional Payment Amount as long as:

The case is settled within 3 calendar days of requesting the Final Conditional Payment Amount, and Settlement information is submitted through the MSPRP within 30 calendar days of requesting the Final Conditional Payment Amount.

Please continue to visit this website for updated information.

### **October 26, 2015 – New Document Is Now Available**

A New Document titled Frequently Asked Questions about the Commercial Repayment Center Non- Group Health Plan Recovery Workload Transition is now available in the Download section below.

### **October 5, 2015 – Transition of portion of the Non-Group Health Plan Recovery Workload to the Commercial Repayment Center**

As part of the continuing efforts to improve the Coordination of Benefits & Recovery (COB&R) program and claims payment accuracy in Medicare Secondary Payer (MSP) situations, the Centers for Medicare & Medicaid Services (CMS) has transitioned a portion of the Non-Group Health Plan (NGHP) recovery workload from the Benefits Coordination & Recovery Center (BCRC) to its Commercial Repayment Center (CRC). The CRC has assumed responsibility for the recovery of conditional payments where CMS is pursuing recovery directly from a liability insurer (including a self-insured entity), no-fault insurer or

workers' compensation (WC) entity as the identified debtor.

The following should be noted regarding the workload transition:

Continue to work with the contractor from which you received correspondence, either the CRC or BCRC. CMS.gov, User Guides, and Training materials have been updated to reflect the changes.

### **October 1, 2015 – Digital Accountability and Transparency Act (DATA Act) Changes Now in Effect**

On May 9, 2014, the President signed into law the Digital Accountability and Transparency Act (DATA Act). As previously announced, one outcome of his legislation is the reduction of the timeframe for the referral of delinquent debt to the Department of Treasury ("Treasury") for both Non-Group Health Plans (liability (including self-insurance), no-fault, and workers' compensation) and Group Health Plans from 180 to 120 days after the payment is due.

Debtors will continue to be notified of the intent to refer the debt to Treasury's Offset Program for further collection activities, if the debt is not paid within 60 days.

### **September 22, 2015 – Commercial Repayment Center (CRC) Non-Group Health Plan (NGHP) Recovery Process Workload Transition Webinar Scheduled for September 17, 2015**

The Presentation of the CRC NGHP Recovery Process Workload Transition Webinar is now available in the Download section below.

**September 8, 2015 – Remote Identity Proofing (RIDP) – Multi Factor Authentication (MFA) on the Medicare Secondary Payer Recovery Portal (MSPRP) Frequently Asked Questions Document Is Now Available**

A new document titled Remote Identity Proofing (RIDP) – Multifactor Authentication (MFA) on the Medicare Secondary Payer Recovery Portal (MSPRP) Frequently Asked Questions is now available in the Downloads section below.

**September 1, 2015 – Commercial Repayment Center (CRC) Non-Group Health Plan (NGHP) Recovery Process Workload Transition Webinar Scheduled for September 17, 2015**

CMS and the Commercial Repayment Center (CRC) will be presenting a webinar on the upcoming NGHP Recovery process workload transition. The notice for the Webinar is available in the Downloads section below and includes all webinar information including date, time, registration, and log-in information.

Please note, this transition only includes those cases where CMS is pursuing recovery from the liability insurer, no-fault insurer or WC entity directly.

**July 21, 2015 – Multi-factor Authentication (MFA) on the Medicare Secondary Payer Recovery Portal (MSPRP) is now available**

As part of the Strengthening Medicare and Repaying Taxpayers (SMART) Act, the Centers for Medicare & Medicaid Services (CMS) has implemented optional MFA services which are now available on the MSPRP. MFA is the use of two or more different authentication factors to verify the identity of a user.

Verified users will now have access to view unmasked claims data on the MSPRP.

Non-beneficiaries will still need to have a verified Proof of Representation or Consent to Release authorization to perform actions on cases. Please note that MFA and the associated identity proofing process is optional for MSPRP users. Users may still use the MSPRP without going through the MFA process, but they will not have the benefit of viewing unmasked data.

User guides and training materials have been updated to reflect the new MFA process.

**July 14, 2015 – New Report Titled The Medicare Secondary Payer Commercial Repayment Center in Fiscal Year 2014 is now available**

A new report titled The Medicare Secondary Payer Commercial Repayment Center in Fiscal Year 2014 is now available in the Download section of the Reports page.

**July 1, 2015 – Upcoming Transition of portion of the Non-Group Health Plan Recovery Workload to the Commercial Repayment Center**

As part of the continuing efforts to improve the Coordination of Benefits & Recovery (COB&R) program and claims payment accuracy in Medicare Secondary Payer (MSP) situations, the Centers for Medicare & Medicaid Services (CMS) will be transitioning a portion of the Non-

Group Health Plan (NGHP) recovery workload from the Benefits Coordination & Recovery Center (BCRC) to its Commercial Repayment Center (CRC). CMS will also be working closely with its claim processing contractors to make sure that Medicare pays correctly in the MSP situations described below.

Effective October 2015, the CRC will assume responsibility for the recovery of conditional payments where CMS is pursuing recovery directly from a liability insurer (including a self-insured entity), no-fault insurer or workers' compensation (WC) entity as the identified debtor.

The following should be noted regarding the planned workload transition:

Webinars and town halls will be scheduled in the coming months to provide additional information. Effective January 1, 2016, CMS will add an additional limitation to Medicare claims payments where insurers or workers' compensation entities have reported to CMS that they have Ongoing Responsibility for Medicals (ORM).

In situations where an insurer or workers' compensation entity has reported to CMS that it has ongoing responsibility for medicals (ORM) for specific care, CMS' claims processing contractors will use the information provided by the insurer or workers' compensation entity to determine whether Medicare is able to make payment for those claims.

Insurers and workers' compensation entities that notify Medicare that they have ORM are strongly encouraged to report accurate ICD-9 or ICD-10 codes. Medicare's claims processing contractors will use this information to pay accordingly.

Please continue to visit this website regularly for updated information related to these activities.

### **June 1, 2015 – Coming Soon: Multi-factor Authentication (MFA) on the Medicare Secondary Payer Recovery Portal (MSPRP)**

As part of the Strengthening Medicare and Repaying Taxpayers (SMART) Act, the Centers for Medicare & Medicaid Services (CMS) will be implementing optional MFA services on the MSPRP. MFA is the use of two or more different authentication factors to verify the identity of a user. Verified users will have access to view unmasked claims data on the MSPRP.

Non-beneficiaries will still need to have a verified Proof of Representation or Consent to Release authorization to perform actions on cases. Please note that MFA and the associated identity proofing process will be optional for MSPRP users. If users wish to use the MSPRP without going through the MFA process, they will not have the benefit of viewing unmasked data.

MFA is scheduled to be available beginning on July 13, 2015. Updated user guides and training materials will be available on this website and within the MSPRP upon implementation.

### **October 29, 2014 – The Commercial Repayment Center Portal (CRCP) is Now Live**

The new Commercial Repayment Center Portal has gone Live. The Centers of Medicare and Medicaid Services (CMS) designed this new secure web-based tool to provide Employers, Insurers, and Third-Party Administrators with a way to electronically manage their Group Health Plan (GHP) recovery activities.

The CRCP User Manual is also available under the 'Reference Material' menu option of the CRCP application.

### **September 16, 2014 – Coming Soon: The Commercial Repayment Center**

The Centers for Medicare & Medicaid Services (CMS) will introduce a new, secure web-based tool designed to provide Employers, Insurers, and Third-Party Administrators with a way to electronically manage their Group Health Plan (GHP) recovery activities.

The CRCP is scheduled to go live October 29, 2014. Additional information regarding the CRCP including a new CRCP web page and Computer Based Trainings (CBTs) will be available on this website in the coming weeks.

Please continue to check this site for updates.

### **June 3, 2014**

An Alert titled Medicare Secondary Payer (MSP) Working Aged Policy for Group Health Plans (GHP) – Definition of "Spouse"; Same-Sex Marriages has been posted to the Downloads section of the Beneficiary Services page.

### **February 28, 2014**

A revised Alert titled Change in Recovery Threshold for Certain Liability Insurance (including Self- Insurance) Settlements, Judgments Awards, or Other Payments, has been posted to the Downloads section of the Non- Group Health Plan Recovery page. The methodology used to determine this new threshold, titled Computation of Annual Liability Insurance (including Self- Insurance) Settlement Recovery Threshold, can also be found on the Non-Group Health Plan Recovery page.

### **February 5, 2014 – Implementation of the Benefits Coordination & Recovery Center**

The Centers for Medicare & Medicaid Services (CMS) has completed the restructuring of the Coordination of Benefits (COB) and Medicare Secondary Payer (MSP) recovery activities.

COB activities for both Group Health and Non-Group Health Plans (that is, liability insurance (including self-insurance), no-fault insurance, and workers' compensation laws or plans) and Recovery activities for Non- Group Health Plans have been fully transitioned from the COB contractor and the Medicare Secondary Payer Recovery Contractor to the new Benefits Coordination & Recovery Center (BCRC).

Contact information for the BCRC is available by clicking on the Contacts page link on the left of this page.

### **January 9, 2014 – Request for Waiver of Overpayment Recovery or Change In Repayment Rate (SSA- 632 Form)**

The Request for Waiver of Overpayment Recovery or Change In Repayment Rate (SSA-632 Form) as well as the corresponding instruction and FAQ document has been moved to the Downloads section of the Reimbursing Medicare page.

**December 23, 2013**

The Request for Waiver of Overpayment Recovery or Change in Repayment Rate (SSA-632 Form) as well as the corresponding instruction and FAQ document has been moved to the Downloads section of the Reimbursing Medicare page.

**December 23, 2013 – Coordination of Benefits and Non-Group Health Plan Recovery Transition**

The Centers for Medicare & Medicaid Services (CMS) is completing its restructuring of the Coordination of Benefits (COB) and Medicare Secondary Payer (MSP) recovery activities.

COB activities for both Group Health Plans and Non-Group Health Plans (that is, liability insurance (including self-insurance), no-fault insurance, and workers' compensation laws or plans) and Recovery activities for Non- Group Health Plans will be transitioned from the COB contractor and the Medicare Secondary Payer Recovery Contractor effective February 1, 2014. The new Benefits Coordination & Recovery Center (BCRC) will assume these activities. As previously announced, this action will provide: Please continue to visit this website regularly for updates.